POSITION	INITIALS	ID NO.	DATE
	HS		04/20/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	R	49	4/26/00
FORMALITY REVIEW	R	71531	6·23·0
RESPONSE FORMALITY REVIEW	R	7153'	8·30·00

INDEX OF CLAIMS

✔	.... Rejected		N	.... Non-elected
=	.... Allowed		I	.... Interference
—	(Through numeral)... Canceled		A	.... Appeal
÷	.... Restricted		O	.... Objected

Claim		Date							Claim		Date							Claim		Date						
Final	Original								Final	Original								Final	Original							
	1									51									101							
	2									52									102							
	3									53									103							
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	48									98									148							
	49									99									149							
	50									100									150							

If more than 150 claims or 10 actions
staple additional sheet here

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